

**MAINTENANCE ACTIONS****WS-MB2**

<b>Name/HI Number</b>	<b>Transaction Remark from Reply listing</b>	<b>Action Necessary?</b>	<b>Appropriate Action Taken?</b>	<b>Comments</b>

Standard: 95 percent correct.

Determination: Transfer result of this sample to MB05 of the *Review Guide*.

**Requirement:** The M+CO must comply with all applicable requirements and HCFA general instructions. Maintenance actions are based on information received or on actions taken by HCFA, SSA, or HCFA contractors, resulting in a change in the status of Medicare enrollees.

**Sample:** The reviewer will develop the universe from which the sample is pulled to include all members whom HCFA has reported to the MCO as having a change in status during the six month period ending with the month prior to the scheduled visit. These are identified in all sections of the *HCFA Monthly Transaction Reply/Monthly Activity Report* listings and by Transaction Codes 61, 51, 01,53 and 54. Ensure that a portion of these are actions of Employer Group Health Plan members.

From the universe, the reviewer will select 30 cases from the five sections of the *HCFA Monthly Transaction Reply/Monthly Activity Report* listings in accordance with random selection methods discussed in the *Review Guide* Instructions, under Sampling Methodology. ***(Note: During focused reviews, HCFA staff may elect to increase sample sizes to 100 cases or more, as deemed appropriate by the Agency.)*** Five to seven (5 - 7) days before the site visit, the reviewer will notify the M+CO of the specific units of analysis. The M+CO shall have all the necessary documentation, including the enrollee's file which contains documentation on changes which occur in the enrollee's status, and any correspondence related to such changes, for the units of analysis available upon the reviewer's arrival on site. These will include replies which require some form of follow up action and documentation by the M+C Organization (i.e. new claim number, name change, death date established, membership transactions input by HCFA Central Office, HCFA Regional Office, and the SSA District Office, Part B termination). The sample should also include ESRD, Hospice, and Medicaid Status Set messages to ensure that the M+CO took no action in response to the message which adversely affected the enrollee. (NOTE: Because follow up action taken in response to maintenance replies for Codes 51 and 61 is reviewed in relation to the disenrollment and enrollment samples, this Worksheet is limited to the remaining universe of code 51s and 61s which will come from the sections entitled "Automatic Disenrollments," "Maintenance Actions," "District Office - Submitted Transactions," "Central Office Submitted Transactions," and, "Regional Office Submitted transactions.")

**Column Explanations:**

**Name/HI Number:** Self-explanatory. Identifier may be the claim number, as defined by the M+CO's claims processing system; in addition, an enrollee identifier should also be used.

**Transaction remark from Reply Listing:** Self-explanatory.

**Action Necessary?** Was it necessary for the M+CO to take some kind of actions as a follow up to the transaction message? This would be affirmative if the M+CO had to adjust its internal record to match the enrollment/disenrollment information, if it had to follow termination proceedings (i.e. issues notices of M+CO disenrollment) in conformance with 42 CFR 422.66 or 422.74, or if it had to document basic information on the enrollee's record.

**Appropriate Action Taken?** Was appropriate action taken? Did the M+CO-correctly follow up on the information (e.g., deaths, hospice status, Parts A/B reinstatement, name changes, etc.) provided to them through the *HCFA Monthly Transaction Reply/Monthly Activity Report* listings? In cases where they were notified of an automatic disenrollment or of a disenrollment action taken by SSA or HCFA, did they adjust their internal records to reflect that date, and issue a final disenrollment notice to the enrollee? Verify that enrollment adjustments were similarly documented and notification issued. If name and HI # changes occurred, verify that the record was documented and where indicated, whether a new membership card was issued. When there are ESRD, hospice, and Medicaid status replies, ensure the M+ CO did not disenroll the enrollee, or take or pursue some other form of adverse action.

**Comments:** Self-explanatory.